



FULL SCREEN (I-X)	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>	HEARING SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>
PARTIAL SCREEN (1-V)	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>	VISION SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>
DEVELOPMENTAL SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>	DENTAL SCREEN	<input type="checkbox"/>	WITH REFERRAL	<input type="checkbox"/>

**III. ANTICIPATORY GUIDANCE** (Check at least 1 item in this category)

<input type="checkbox"/> Thumb-sucking/Pacifier <input type="checkbox"/> Teething <input type="checkbox"/> Stimulation - safe toys <input type="checkbox"/> Parent-child interaction <input type="checkbox"/> Father's role <input type="checkbox"/> Siblings <input type="checkbox"/> Travel <input type="checkbox"/> Reading to child	<input type="checkbox"/> Foreign bodies <input type="checkbox"/> Rolling over and falls <input type="checkbox"/> Sleeping on back <input type="checkbox"/> Crib safety <input type="checkbox"/> Co-sleeping <input type="checkbox"/> Water heater temperature (<130 F) <input type="checkbox"/> Sun/Cold Exposure <input type="checkbox"/> Car seats/Airbags <input type="checkbox"/> Smoke detector <input type="checkbox"/> Poisons	<input type="checkbox"/> Acetaminophen dose <input type="checkbox"/> Ipecac <input type="checkbox"/> Respiratory infections <input type="checkbox"/> Parental smoking Feeding: <input type="checkbox"/> Iron/Vitamins <input type="checkbox"/> Breast-feeding support <input type="checkbox"/> Bottle-propping <input type="checkbox"/> Intro to new foods, cereals	COMMENTS
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**IV: LAB/IMMUNIZATIONS:**  Labs: \_\_\_\_\_

Immunizations given today: \_\_\_\_\_

UTD  Written information given  Consent signed (Follow the recommended immunization schedule approved by the ACIP, AAP, and AAFP)

**V. LEAD SCREEN** N/A for this age.

**VI. DEVELOPMENT PERSONAL-SOCIAL AND LANGUAGE:**  **Parents as teachers referral** (Check at least 1 item in this category)

<b>Minimal Skills</b> <input type="checkbox"/> Regards face <input type="checkbox"/> Responsive smile <input type="checkbox"/> Laughs/Squeals - R	<input type="checkbox"/> Spontaneous smile - R <input type="checkbox"/> Vocalizes - R <input type="checkbox"/> "OOO/AAH" - R	<b>Emerging Skills</b> <input type="checkbox"/> Babbles/Coos <input type="checkbox"/> Turns to voice/sound <input type="checkbox"/> Recognizes parent	<input type="checkbox"/> Imitates speech sounds <input type="checkbox"/> Single syllables <input type="checkbox"/> Comforts self	COMMENTS
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**VII. FINE MOTOR/GROSS MOTOR:** (Check at least 1 item in this category)

<b>Minimal Skills</b> <input type="checkbox"/> Follows to midline <input type="checkbox"/> Follows past midline <input type="checkbox"/> Grasps rattle/toy <input type="checkbox"/> Head up 90 degrees <input type="checkbox"/> Pulls to sitting position, head steady	<b>Emerging Skills</b> <input type="checkbox"/> Works for toy <input type="checkbox"/> Plays with hands <input type="checkbox"/> Hands to midline <input type="checkbox"/> Hands open <input type="checkbox"/> Reach and grasp	<input type="checkbox"/> Sits with support <input type="checkbox"/> Rolls front to back <input type="checkbox"/> Rolls back to front <input type="checkbox"/> Transfers objects <input type="checkbox"/> Pushes up on hands <input type="checkbox"/> Pulls to sit no head lag	COMMENTS
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**VIII. HEARING:** (Check at least 1 item in this category)

- Parental perception of hearing
- Awakes to loud noise
- Head turning with noise
- Ear exam with pneumatic otoscope
- Observational screening with noisemaker
- ERA/ABR screen for infant in tertiary care > 5 days
- Family history of hearing disorders
- PMHx:  NICU admission/  ear infection/  head injury/  
 congenital anomalies/  meningitis/  mumps/  cerebral palsy
- Language development

COMMENTS

**IX. VISION:** (Check at least 1 item in this category)

- Parental perception of vision
- Observation for
  - blinking
  - pupillary response
  - red reflex
  - tracking
  - ocular movement
- Tear glands begin to function
- Follows objects across midline
- Smiles responsively
- Responds to bright colors
- Reaches for objects
- Cover test
- Likes faces
- Family history of visual disorders
- PMHx:  NICU admission/  prolonged oxygen administration
- Note: Misalignment normal in first six months

COMMENTS

**X. DENTAL:**  Baby bottle tooth decay syndrome  Normal tooth eruption times

COMMENTS

ASSESSMENT/EDUCATION/PLAN

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ORDERS

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_